SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. TOTAL TOTAL TOTAL DEP. TOTAL TOTAL CLAIMS

PTO-1380 (3-78)

TOTAL.